

Office of Vermont Health Access 312 Hurricane Lane, Suite 201 Williston, VT 05495 www.ovha.vermont.gov

[phone] 802-879-5900

Agency of Human Services

To: Director, Utilization Review

From: Cynthia Thomas, MA, LCMHC

OVHA Health Programs Administrator

Date: July 14, 2009

Re: Psychiatric Inpatient Utilization Review

Beginning August 1, 2009 the Office of Vermont Health Access (OVHA) will implement concurrent review and authorization of all psychiatric inpatient services for Vermont Medicaid patients at out-of-state hospitals. All emergent and urgent admissions will require notification to the OVHA within 24 hours or the next business day of admission and all elective admissions will require notification prior to admission. Attached is the Vermont Medicaid Admission Notification Form which is to be completed and faxed to the OVHA.

Upon receipt of the admission notification form, the OVHA Utilization Review Nurse will contact the hospital to begin the concurrent review process. The OVHA will utilize the LOCUS and CALOCUS instruments to determine continued authorization. Copies of the instruments can be obtained at www.comm.psych.pitt.edu/find.html. All reviews will be performed over the phone with additional documentation faxed to the OVHA upon request.

Should circumstance arise in which the OVHA Utilization Review Nurse and the hospital reviewer are not in agreement, the hospital may request a secondary review by contacting the Health Programs Administrator (see contact information below). The secondary review will consist of a review of current information, as well as any new information from the hospital, by the Health Programs Administrator and/or the OVHA Medical Director. The attending physician or hospital Medical Director also has the right to speak with the OVHA Medical Director.

The OVHA Utilization Review Nurse and Health Programs Administrator are available Monday – Friday, 7:45am – 4:30pm (excluding holidays) and may be contacted at:

Kristy Sprague, MS, RN – Utilization Review Nurse Case Manager (802)-879-5617 Cynthia Thomas, MA, LCMHC - Administration Health Programs Administrator (802)-879-5613

If you have any questions or would like further information please feel free to contact Cynthia Thomas at (802)879-5613 or by email at Cynthia.thomas@ahs.state.vt.us.

Enclosures: Vermont Medicaid Admission Notification Form

OVHA Operating Principle



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[phone] (802)879-5903 [fax] (802)879-5963

VERMONT MEDICAID ADMISSION NOTIFICATION FORM FOR OUT-OF-STATE HOSPITAL PSYCHIATRIC INPATIENT SERVICES

(Including Border Hospitals for Children and Adolescents)

Instructions:

The following information and justification must be provided to the Office of Vermont Health Access (OVHA) (fax: 802-879-5963) within 24 hours or next business day of a hospital admission. Copies of the initial nursing assessment and treatment plan which include the clinical justification for admission, diagnosis and medications can be substituted for the assessment narrative.

| Admission Date | Date of Request | | |
|--|----------------------|------------------------|----------------|
| Patient Name (Last) | (Firs | t) | <u> </u> |
| Address | | | |
| Medicaid ID Number | Date of Birth | Gender M | F (circle one) |
| (For children) Parent/Guardian Name | | | |
| If in DCF custody, name of social work | er assigned to case, | district and telephone | number |
| | | | |
| Is patient receiving mental health service | es in Vermont? Y | N (circle one) | |
| If yes, name of provider | | | |
| Referral Source | | | |
| | | rmation | |
| Facility Name | VT | Medicaid Provider Nu | ımber |
| Address | | Telephone Numbe | er |
| Contact Person for Concurrent Review_ | | Fax Num | ber |
| Telephone Number | Ext | | |
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